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(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Attorney Docket Number	IMMR-IMD0002E (034701-000029)
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## ENCLOSURES (check all that apply)

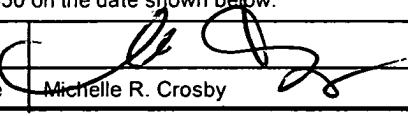
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
<b>Remarks</b>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	THELEN REID BROWN RAYSMAN & STEINER LLP		
Signature			
Printed Name	Khaled Shami		
Date	1/10/08	Reg. No.	38,745

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature 

Typed or printed name Michelle R. Crosby

Date 1/10/08

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: David Alexander et al.

SERIAL NO.: 10/657,144 CONFIRMATION NO.: 1898

FILING DATE: September 9, 2003

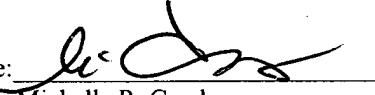
TITLE: Interface Device and Method for Interfacing Instruments to Medical Procedure Simulation Systems

EXAMINER: Nikolai A. Gishnock

ART UNIT: 3714

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted with the United States Patent and Trademark Office to: Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on the date printed below:

Date: 11/10/08Signature:   
Michelle R. Crosby

**Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Sir:

This paper is responsive to the Office Action mailed on October 10, 2007. Please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks** begin on page 6 of this paper.